

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09-713187

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	4					61						
2		1					62						
3							63						
4		①					64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
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17							77						
18							78						
19							79						
20							80						
21	1						81						
22							82						
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35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.		4					TOTAL IND.						
TOTAL DEP.		17					TOTAL DEP.						
TOTAL CLAIMS		21					TOTAL CLAIMS						

1-16
withdrawn
18 withdrawn

BEST AVAILABLE COPY